

## PART B - FEE(S) TRANSMITTAL

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26875 7590 06/10/2004

WOOD, HERRON & EVANS, LLP  
 2700 CAREW TOWER  
 441 VINE STREET  
 CINCINNATI, OH 45202

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

David H. Brinkman (Depositor's name)  
 [Signature] (Signature)  
 9/8/04 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/806,410	09/05/2001	Michael Kuhl	BEET-03	8732

TITLE OF INVENTION: DEPTH MEASUREMENT AND DEPTH CONTROL OR AUTOMATIC DEPTH CONTROL FOR A HOLLOW TO BE PRODUCED BY A LASER PROCESSING DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	09/10/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
HEINRICH, SAMUEL M	1725	219-121680

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Wood, Herron &amp; Evans, LLP

2 \_\_\_\_\_  
 3 \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Lasertec GmbH

Pfronten, Fed. Rep. Germany

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

## 4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies 5

## 4b. Payment of Fee(s):

☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 23-3000 (enclose an extra copy of this form).

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Reg. No. 40,532 (Date)

9/8/04

09/15/2004 WASFAW2 00000002 09806410

01 FC:1501  
 02 FC:8001

1330.00 OP  
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